

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Yuma
District of _____
Town of _____
or _____
City of Hayden

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 199
County Registrar No. _____
Local Registrar No. 41

2. Full name of child Roberto Camer
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth May 28 1927
Month Day Year

8. FATHER
Full name Francisco Camer

9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 45 (Years)

12. Birthplace (city or place) Chinglamp
(State or country) Yinaloa

13. Occupation
Nature of industry Laborer
Smelter

14. MOTHER
Full maiden name Maria Camarano

15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

16. Color or race Mex 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Bisbee
(State or country) Ariz

19. Occupation
Nature of industry House wife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. Harts (Born alive or stillborn) 7:45 m. on the date above stated
(Physician or midwife).
Address Hayden Arizona

Given name added from a supplemental report

Month, day, year

Filed May 31, 1927 W. B. D. J. J.
Local Registrar.

Registrar

Filed _____, 19____
County Registrar.

932-528-426